

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
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13						
14						
15						
16						
17						
18						
19						
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21						
22	1					
23		1				
24						
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31						
32						
33						
34						
35	1					
36		1				
37						
38						
39						
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41						
42						
43						
44						
45						
46						
47		1				
48						
49	1					
50						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	46	↓	↓	↓	↓	↓
TOTAL CLAIMS	49					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS